



Washington

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece. 		A. Signature X <i>Judy Ketchum</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
		B. Received by (Printed Name)	C. Date of Delivery 1-10-07
 Barbour County Environmental Health Department Commission c/o David Nix P. O. Box 219 Clayton, AL 36016		Address different from item 1? <input type="checkbox"/> Yes delivery address below: <input type="checkbox"/> No	
		3. Service type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2:06cv1082 (complaint/order 40 dyp) 2. Article Number (Transfer from service label)		Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
		7005 1160 0001 2962 1300	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

Washington

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<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece. 		A. Signature X <i>Judy Ketchum</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
		B. Received by (Printed Name)	C. Date of Delivery 1-10-2007
 Beverly Spivey c/o David Nix P. O. Box 219 Clayton, AL 36016		Address different from item 1? <input type="checkbox"/> Yes delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2:06cv1082 (order/complaint) 40 dyp 2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
		7005 1160 0001 2962 1317	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	